STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 34058 Based on observation, interview, and record review, the facility failed to implement a physician ordered pressure ulcer dressing and failed to position a resident to reduce pressure and shear to existing ulcers. This failure affects two residents (R15 and R16) out of three reviewed for pressure ulcers on the sample of 41. Findings include: 1) R15's Physician Order Sheet dated 4/28/22 documents R15 was originally admitted to the facility 6/17/20. This same Physician Order Sheet documents, Stage 4 pressure wound of the sacrum, cleanse with NS/WC (normal saline/ wound cleanser), pat dry, apply skin prep to peri-wound, pack with collagen sheet, cover with calcium alginate, apply silicone foam, change daily and PRN (as needed). The directions for this dressing order document, Every night shift for 30 days. This physician ordered dressing had a start date of 4/18/22. This same Physician Order Sheet documents, Turn side to side and front to back in bed every 1 - 2 hours, limit sitting to 60 minutes. On 4/28/22 at 3:13 pm, R15 was positioned in bed supine with the head of the bed elevated approximately 45 degrees, positioning R15 in a sitting position. R15 stated, I do have an open sore on my butt. I had it before I got here. I have been here for over a year. R15 further stated, The staff doesn't really turn and reposition me anymore, they are too short of help. R15 also stated, I know there is supposed to be a dressing on my sore, but I can't see it to know if there is one on or not. The nurses would know more about that. On 4/29/22 at 2:25 pm, R15 was in bed, supine, with the head of the bed elevated approximately 45 degrees, positioning R15 in a sitting position. On 5/3/22 at 9:32 am, R15 was in bed, supine with the head of the bed elevated approximately 45 degrees, positioning R15 in a sitting position. R15's current Care Plan documents, (R15) requires assistance with activities of daily living including bed mobility. This same Care Plan documents, (R15) has a stage 4 pressure ulcer sacrum: administer treatments as ordered; educate the resident/ family/ caregivers on the causes of skin breakdown including positioning requirements and the importance of frequent repositioning; monitor dressing each shift to ensure it is intact and adhering, report loose dressing to treatment nurse; the resident needs assistance to turn/ reposition at least every 2 hours. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 4/28/22 at 3:17 pm, V17, Licensed Practical Nurse, and V18, Certified Nursing Assistant, assisted R15 to turn in bed to examine the pressure wound on R15's sacrum. R15's sacrum had an ulcer approximately 0.75 centimeters (CM) long by 0.75 cm wide by 0.5 cm deep. There was not a dressing in place on R15's sacrum pressure wound. V17 stated, I confirm there is no dressing present, and I don't see it on the bed or in (R15's) (incontinent undergarment). I would have to look in the computer to know what type of dressing is supposed to be there because the wound doctor changes the order frequently and the dressings get changed on night shift. 2) On 4/29/22 at 8:50 am, R16 was in bed, supine with the head of the bed elevated approximately 70 degrees. R16 had 2 pillows under R16's knees, positioning R16 with flexed knees. R16's heels were in direct contact with the bed surface, and R16's feet were in direct contact with the wooden foot board of the bed. R16 stated, I have open sores on both feet on the heels, and I have one on my bottom. On 4/29/22 at 2:25 pm, R16 was in bed, supine with the head of the bed elevated approximately 70 degrees. R16 had 2 pillows under R16's knees, positioning R16 with flexed knees. R16's heels were in direct contact with the bed surface and R16's feet were in direct contact with the wooden foot board of the bed. R16's Physician Order Sheet (POS) dated 4/28/22 documents, Unstageable DTI (Deep Tissue Injury) of the left heel, cleanse with NS/ WC (normal saline/ wound cleanser), apply skin prep to heel, cover with silicone foam, change weekly and PRN (as needed). This treatment order had directions for every Wednesday night shift with a start date of 4/22/22. This same POS documents, Stage 4 pressure wound to the right heel, cleanse with NS/ WC, pat dry, apply Santyl ointment to wound bed then apply calcium alginate, skin prep to peri-wound, apply silicone foam, change daily and PRN. This treatment order had directions for every night shift for 17 days with a start date of 4/22/22. This same POS documents, Arterial wound of the right second toe, cleanse with NS/ WC, paint with betadine once daily and PRN. This order had directions for every night shift for 12 days with a start date of 4/18/22. This same POS documents, Arterial wound of the right distal toe, cleanse with NS/ WC, apply betadine daily and PRN. this treatment order had directions for every night shift for 12 days with a start date of 4/18/22. On 5/3/22 at 9:32 am, R16 was in bed, supine with the head of the bed elevated approximately 70 degrees. R16 did not have any pillows under R16's knees. R16's heels were in direct contact with the bed surface and R16's feet were in direct contact with the foot board of the bed. On 5/3/22 at 9:42 am, V22, Licensed Practical Nurse, stated, I see (R16's) heels are on the bed. (R16's) head of the bed is up too high. (R16) has slid down so far (R16) isn't comfortable and (R16's) feet touch into the foot board. V22 further stated, (R16's) feet touching the foot board makes (R16) flex the knees to keep (R16's) feet off the foot board and then (R16's) heels are on the bed. I tell them (Certified Nursing Assistants) to elevate the foot of the bed when they elevate the head because that will keep (R16) from sliding down. V22 continued, The pillows should go under (R16's) calves because that will keep (R16's) heels floated, when the pillows are under the knees, that makes (R16) flex his knees and the heels are on the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R16's current Care Plan documents, The resident has a stage 2 pressure wound of the sacrum, a stage 3 pressure wound of the superior and inferior left buttock, unstageable due to necrosis of the left and right heels: The resident requires the bed to be as flat as possible to reduce shear; educate the resident/family/caregiver about the causes of skin breakdown including positioning requirements and frequent repositioning; the resident needs monitoring/ reminding/ assistance to turn and reposition every 2 hours. The facility's policy Prevention of Pressure Ulcers dated 1/28/22 documents, Change position at least every 2 hours; raise the head of the bed as little and for as short a time as possible and only as needed for meals/ treatments/ medical necessity; consider off-loading every hour if the head of the bed is greater than 30 degrees; when in bed, every attempt should be made to float heels (keep heels off of the bed) by placing pillows from the knees to the ankles.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34058 Based on record review and interview, the facility failed to complete a fall risk assessment, failed to accurately complete a fall risk assessment, and failed to implement a new intervention after a fall. These failures affect one resident (R4) out of three reviewed for falls on the sample of 41. Findings include: R4's Assessment List dated 5/3/22 documents R4 received a fall risk assessment 7/29/21. There were no other fall risk assessments since 7/29/21. On 5/3/22 at 2:40 pm, V2 and V3, Co-Directors of Nursing, along with V12, Registered Nurse/Unit Manager, all stated, We do the fall risk assessments quarterly, along with the timing of the MDS (Minimum Data Set). R4's MDS List dated 5/3/22 documents R4 has had 3 MDS completed since 7/30/22, on 10/22/21, 1/21/22, and 4/22/22. R4's fall risk assessment dated [DATE] documents R4 had not experienced a fall in the past 3 months. R4's Nurse's Notes dated 6/5/21 document, Noise heard at nurses' station, resident fell out of bed and skinned right calf, no blood present, did not hit head, anticipate bruising, refused pain meds. R4's Post-Fall Evaluation dated 6/5/21 documents, fell while reaching for an item, skinned right calf, pain left shin. R4's current Care Plan for fall risk documents the most recent entry or revision was completed on 1/12/21. There was not any new intervention related to R4's fall on 6/5/21. The facility's policy Falls Prevention Policy dated 1/2022 documents, Post fall incidents: attempt to identify the root cause of the fall and contributing factors; based on this assessment, the staff and physician will identify pertinent interventions to try to prevent future falls.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 34058 Based on observation, interview, and record review, the facility failed to provide services utilizing sufficient numbers of nursing staff to meet the daily care needs for residents, including provision of showers and timely responses to residents' requests for assistance. This failure affects each of 31 residents residing on the first-floor general residential unit (R2, R5, R6, R8, R9, R10, R11, and R18 through R41), and one discharged resident (R1) on the sample of 41. Findings include: On 4/28/22 at 8:53 am and 9:37 am, there was one Certified Nursing Assistant (CNA, V9) working on the facility's first floor general residential unit. At 9:37 am, V9 stated, I am the only CNA working the first floor. The facility's Resident Roster dated 4/28/22 documents 31 residents residing on the first-floor general residential unit (R2, R5, R6, R8, R9, R10, R11, and R18 through R41). R1's Census Detail dated 4/29/22 documents R1 was originally admitted to the facility 1/27/22 and discharged from the facility 3/22/22. On 4/28/22 at 9:39 am, R2 stated, Waiting for someone to answer a call light can take a minimum of 30 minutes but I have waited up to an hour regularly and one time 2 and a half hours. I complained about it, we had a meeting with an Ombudsman (V5) and the Administrator (V1). (V1) told me if I was having a problem to call her directly. So, I try to give people the benefit of the doubt and I wait about 15 minutes before I call (V1). R2 then displayed his cell phone with a listing of each call made to V1 along with the record of what time R2 activated the nurse call light, what time R2 called V1, and what time a staff member responded to the nurse call light. R2 further stated, You can see I started keeping this record on Sunday 4/10/22 and there are four records for over an hour waiting for someone to answer my light. R2 continued by stating, I shouldn't have to call (V1), what happens to the people that can't call (V1). When someone does come answer, they always say they are short-staffed and can't give the showers, and how they are working double shifts and overtime because someone called off. On 4/28/22 at 10:05 am, V7, Registered Nurse, stated, I think I only have one CNA, but there may be another one scheduled. I am the only nurse on the first floor. It is not enough, especially with showers to do. On 4/28/22 at 10:05 am, a nurse call light was noted to be activated by the door of R5's room. On 4/28/22 at 10:06 am, V8, CNA, stated, I just came in to work at 10:00 am, I don't think I am the only CNA on the first floor, I think there is another one here. At 3:35 pm, V8 further stated, If there are only one or two CNAs working like today, then the showers don't get done. I try to answer the call lights as quickly as I can but with only one or two working, the residents end up waiting. V8 continued, I usually work the second shift, but they did call me to ask if I could come in early today. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/28/22 at 10:25 am, R8 stated, The call lights can take anywhere from 30 minutes to four hours for someone to come answer it. A lot of times someone will come in to answer the call light, turn off the light and say they will be right back, but they don't come back, and I turn the light on again and wait again. R8 further stated, I am supposed to be scheduled for showers every Tuesday and Friday, but I don't get them that way. When I first got here, my showers were scheduled for Mondays and Fridays on day shift, but I wasn't getting them, so they switched me to the evening shift. Well then the evening shift staff were telling me they have so many showers to do on evening shift that they can't add any more. R8 continued, When I was at home, I showered every day, when I got here, I said I really wanted at least three per week, but they say the best they can do is twice per week so I would settle for that if I actually got them. R8 concluded, I did get a shower last night (Wednesday) which was not my scheduled night and that was the first one I've had in quite a while. I have gone a week without a shower more than once. On 4/28/22 at 10:45 am, R5's call light remained activated. V6, Significant Other for R5, stated, Our call light has been on for an extraordinarily long time. I know they are short-staffed, but the light has been on for an hour, that is why I opened the door so I could holler at someone when they walked by, but no one has walked by. V6 further stated, As far as giving showers, (V6 made a thumbs down gesture), they do have a schedule but if (R5) is sleeping, they just don't do it until I beg and beg for them to give (R5) a shower. I think (R5) has had 2 showers since (R5) was admitted here. On 4/29/22 at 11:55 am, V24, Family Member of R1 stated, That place was not great. I think they didn't have people that understand what it takes to take care of someone frail like (R1). (R1) didn't get a shower for a week and a half when first admitted . The call lights were never answered in a timely manner. The workers were always saying they were short staffed, and I believe them. R8's Census Detail dated 4/29/22 documents R8 was originally admitted to the facility 3/12/22, was in the hospital 3/25/22 through 4/7/22. R8's shower sheets for March and April 2022, provided by V2, Co-Director of Nursing, document R8 received showers on 3/17/22, 4/15/22, 4/20/22, and 4/27/22, missing 6 of 10 scheduled showers since admission. R5's Census Detail dated 4/29/22 documents R5 was originally admitted to the facility 3/1/22, was in the hospital 3/10/22 through 3/16/22. R5's shower sheets for March and April 2022, provided by V2, Co-Director of Nursing, document R5 received showers on 3/25/22, 3/29/22, 4/1/22, 4/5/22, 4/12/22, and 4/16/22, missing 8 of 14 scheduled showers in two months. R1's Census Detail dated 4/29/22 documents R1 was originally admitted to the facility 1/27/22, was in the hospital 2/21/22 through 2/24/22, and discharged from the facility 3/22/22. R1's shower sheets for February and March 2022, provided by V2, Co-Director of Nursing, document R1 received showers on 2/24/22, 3/10/22, and 3/17/22, missing 11 of 14 scheduled showers in less than two months. On 4/29/22 at 3:25 pm, V2, Co-Director of Nursing, stated, The nurses are also documenting the showers on the MARs (Medication Administration Records). V2 provided MARs for R1, R5, and R8, documenting all showers had been administered to each resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/3/22 at 9:44 am V21, Registered Nurse, stated, We have two nurses today and two CNAs. Two CNAs is not really enough when there are showers to do. We actually had 3 CNAs scheduled for today but then when someone calls off, they take one from our floor and put them upstairs on the second floor. At 1:19 pm, V21 stated, The nurses should be checking the shower sheets before marking on the MAR that the shower is done, but no one wants to get a red warning box if we don't mark it as done, especially for the nurses who will be working the following shift because they know they have to do that extra shower on their shift. V21 concluded, In the end, there should be a shower sheet for every shower given. On 5/3/22 at 1:10 pm, V7, Registered Nurse, stated, Sometimes when it gets busy, I have to just click the MAR to sign off that the shower was done, but I don't always check to make sure the shower was done. If we don't sign off the shower on the MAR, we will get a red warning box pop up on the computer, and nobody wants to see the red warning box. The facility's policy Resident Shower or Bed Bath dated 1/2022 documents, If not contra-indicated, a shower or bed bath is to be given to a resident at the facility twice per week and as needed; if the resident refused, inform the nurse. The facility's policy Staffing dated 1/22 documents, The facility maintains adequate staffing on each shift to ensure that our residents' needs and services are met; Certified Nursing Assistants are available on each shift to provide each resident's needed care and services as outlined on the resident's comprehensive care plan.